

## SUPERINTENDENTS OF SMALL HOSPITALS

MARY E. GLADWIN

Graduate of the Boston City Hospital; Superintendent Beverly Hospital,  
Beverly, Mass.

THERE is no class of women workers in this country more over-worked, more under-paid, and more poorly prepared for their work than the superintendents of small hospitals. In most instances the holders of these positions are graduate women nurses because no mere man would consent to assume such great responsibility and to work so many hours for the salary received. Every day the large hospitals are recommending for positions of great responsibility, women who have had no preparation for the work which lies before them. They are often recent graduates, or young women who have been head nurses for some time, and who have never managed even the smallest household. The head nurse of a large hospital ward may manage her ward admirably, and yet have the vaguest idea as to how to purchase hospital supplies or to order the groceries. She sends to the supply room and to the kitchen, lists of things needed after the medical officer has decided what the patients shall eat and drink. The responsibility of the patients rests for the most part with that young man. She keeps order, works hard, may or may not teach the pupil nurses, as this depends upon the kind of woman she is and her ability. Why is she chosen? Because she is a "good ward housekeeper" and chances to be available.

What are her new duties? She goes to a hospital of say twenty-five beds, ten nurses, and five servants. Sometimes she has a housekeeper. If so, the salary is so small, that only a woman of little experience can be obtained. Her assistant is often a recent graduate, ready to give herself without stint to the work in hand but with no special knowledge for her many duties. The management of the storeroom, kitchen, and laundry is made arduous in the extreme by the constant procession of women of various nationalities coming and going out of the back door of the hospital. The trustees know little about hospital work and are willing to leave most matters to the judgment of the superintendent. The hospital is probably dependent upon charity for its continued existence. There are eight or ten physicians on the staff, all of whom must be pleased and met with such tact as she can summon to her aid. The superintendent assigns patients to their beds, sees their friends, and is at the mercy of anyone who chooses to call for her at the door or over

the telephone. She keeps the books, makes out the bills, collects money, pays the nurses and servants and is on call at all times, day or night, for obstetric cases, accidents, or emergencies; often helps in the operating room, gives ether, manages some district nursing, has been known to cook the dinner when the cook "gave notice" suddenly, and occasionally helps wash the dishes, or does a little ironing by way of diversion. She orders all the hospital supplies with such economy as she can master while she is trying to make an inquiring public understand why she has not taught graduate nurses not to put hot things on polished surfaces, and why she has n't provided them with better table manners.

In the abundant leisure left by these manifold pursuits, she teaches three, four or five classes a week, the number depending upon her strength and the amount of her ambition. Is the picture overdrawn? Not one bit. There are scores of women ready to attest the truth of every word. I know a superintendent who gets up at four in the morning upon class days, that being the time when she can study with the least liability to interruption.

Think how much travail of body and mind a woman might be spared by special training for her work; of the cost to the hospital of the experience she obtains, and of the increasing number of young women who are obliged to take a long rest just when their work commences to be of most use to the hospital and consequently to the community.

*The Remedy.*—Every large hospital should have in its training elective courses in hospital management, hospital buying, and hospital economics. If properly managed these courses could be maintained with very little additional cost to the hospitals. The course at Columbia has done a great deal for us as a profession, but it is not within the reach of all those who are constantly appointed to these positions, and it can not deal practically with all the details peculiar to small hospitals.

We can get what we want in this matter if we are willing to work for it. If we can once provide well-trained women, sure of themselves and their ability from the start, the other difficulties will vanish like smoke. In my experience trustees are very reasonable people, ready to meet one more than half way if convinced that any measure is for the good of the hospital. There is no one thing that needs doing more than this one, or that first and last will be of more benefit to nurses in general. How many of you are willing to help?

---

"If you are original and enterprising, you will be opposed, but opposition will prevent dullness, and criticism is the whetstone on which a genuine man is tempered and polished."